

ATTACHMENT L-3
Past Performance Letter

Date _____

Dear _____:

We are participating in a proposal for a Department of Energy (DOE) for Occupational Medical Services at the DOE Hanford Site. We are asking for your assistance in completing the attached questionnaire and forwarding to the DOE to aid in its evaluation of our past performance. Please return the completed questionnaire to the following address within ten calendar days:

Wilmari C. Delgado, Contracting Officer
United States Department of Energy
Environmental Management Consolidated Business Center
Office of Contracting
250 E 5th Street, Suite 500
Cincinnati, OH 45202

Please mark the envelope:

“PROCUREMENT SENSITIVE SOURCE SELECTION INFORMATION - SEE FAR 3.104”
“TO BE OPENED ONLY BY THE CONTRACTING OFFICER”

Please remember to provide your contact information at the end of the questionnaire.

Please use the following definitions to provide your ratings:

- 0 - Unsatisfactory - The contractor failed to meet the minimum contract requirements.
- 1 - Poor - Performance was less than expected. The contractor performed below minimum contract requirements.
- 2 - Adequate - Performance met expected levels. The contractor met the minimum contract requirements.
- 3 - Good - Contractor performance exceeded expected levels. The contractor performed above minimum contract requirements and displayed a thorough understanding of contract requirements.
- 4 - Outstanding - Contractor performance substantially exceeded expected levels of performance. The contractor consistently performed above contract requirements, displayed an overall superior understanding of contract requirements, and used innovative approaches leading to enhanced performance.

NA - Not applicable

DK - Don't know. No knowledge available to rate this question.

Respondents are strongly encouraged to provide an explanatory narrative under REMARKS. If more space is needed, please attach additional pages.

ATTACHMENT L-3 (Cont.)

Past Performance Questionnaire

0=Unsatisfactory, 1=Poor, 2=Adequate, 3=Good, 4=Outstanding, NA=Not Applicable, DK=Don't Know

Name of contractor: _____

1	Did the contractor adhere to contract delivery schedules/response times/cost estimates/budgets?	0	1	2	3	4	NA	DK
2	Did the contractor deliver Medical Services in a manner that reflected high appreciation for patient care, comfort, and worker understanding of the relations between job tasks and medical issues? (e.g. empathy, bedside manner)	0	1	2	3	4	NA	DK
3	Did the contractor demonstrate a high level of inquisitiveness into potential impacts to employee health (e.g. aggressive and comprehensive epidemiological efforts)	0	1	2	3	4	NA	DK
4	Was the contractor effective in working with workers, organized labor, community groups, and other interested stakeholders?	0	1	2	3	4	NA	DK
5	Was the contractor proactive in response to emerging issues?	0	1	2	3	4	NA	DK
6	Was the contractor responsive to stakeholder concerns?	0	1	2	3	4	NA	DK
7	Was the contractor effective in problem solving?	0	1	2	3	4	NA	DK
8	Did the contractor develop and implement an effective quality assurance program?	0	1	2	3	4	NA	DK
9	Did the contractor develop and utilize an effective business management system that included planning, budgeting, status tracking, reporting, baseline management, and work breakdown structure?	0	1	2	3	4	NA	DK
10	Did the contractor provide an effective and efficient transition from the previous contractor?	0	1	2	3	4	NA	DK
11	Was the Performance Work Statement executed effectively by the contractor in a consistently high quality manner?	0	1	2	3	4	NA	DK
12	Would you select this contractor again?	Yes_____ No _____						

ATTACHMENT L-3 (Cont.)

Remarks: (Please provide explanatory remarks; bullet statements are acceptable; add additional sheets as necessary.)

Respondent: Please fill in the following table:

Item	Fill-In
Your Name	
Title	
Organization Name	
Organization Address (including City, State, ZIP)	
Telephone Number (w/area code)	
Facsimile Number (w/area code)	
e-mail address	